DOCUMENT RESUME

ED 471 677 CG 032 085

AUTHOR	DeCrescenzo, Teresa; Mallon, Gerald P.
TITLE	Serving Transgender Youth: The Role of Child Welfare Systems. Proceedings of a Colloquium, September 2000.
INSTITUTION	Child Welfare League of America, Inc., Washington, DC.
ISBN	ISBN-0-87868-847-1
PUB DATE	2000-00-00
NOTE	61p.
AVAILABLE FROM	Child Welfare League of America, 440 First St., NW, Third Floor, Washington, DC 20001-2085 ($8.95); Tel.: 202-638-2952; Fax: 202-638-4004; Web site: www.cwla.org.
PUB TYPE	Collected Works - Proceedings (021) -- Information Analyses (070)
EDRS PRICE	EDRS Price MF01 Plus Postage. PC Not Available from EDRS
DESCRIPTORS	Child Abuse; *Child Welfare; Childhood Needs; Depression (Psychology); Homeless People; Human Services; *Sexual Identity; *Social Work; Stereotypes; *Welfare Agencies; Welfare Services; *Youth
IDENTIFIERS	*Transsexuals

ABSTRACT

The need to respond to the concerns of transgender youth in care is compelling. Transgender youth, particularly those involved with the child welfare system, are often severely stereotyped and subject to abuse, homelessness, depression, and fear. The Child Welfare Leaguer of America convened a roundtable of professionals and transgender youth to explore their experiences and document their recommendations. This monograph captures those proceedings and also reflects multiple discussions at professional conferences, years of experience in practice, and dialogues with colleagues and students in academic settings. Child welfare organizations that understand and address the needs of these youth will create safer, more open agencies and improve the quality of services they provide to all children and youth in their care. Two appendixes contain a list of colloquium participants and a glossary. (Contains 42 references.) (GCP)

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Serving Transgender Youth: The Role of Child Welfare Systems

Proceedings of a Colloquium September 2000

by

Teresa DeCrescenzo
Gerald P. Mallon

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and Gerald P. Mallon

Child Welfare League of America

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Child Welfare League of America
Washington, DC

The Child Welfare League of America is the nation's oldest and largest membership-based child welfare organization. We are committed to engaging people everywhere in promoting the well-being of children, youth, and their families, and protecting every child from harm.

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CHILD WELFARE LEAGUE OF AMERICA, INC.
HEADQUARTERS
440 First Street, NW, Third Floor, Washington, DC 20001-2085
E-mail: books@cwla.org

CURRENT PRINTING (last digit)
10 9 8 7 6 5 4 3 2 1

Cover and text design by Meredith Simpson

Printed in the United States of America

ISBN # 0-87868-821-8

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Preface

Transgender youth, particularly those involved with the child welfare system, are often severely stereotyped and misunderstood. Although child welfare agencies are ideally situated to provide support for these youth by enhancing their programs, they are unfortunately often unaware of the vulnerabilities of this population and the risks that they may face—violence, abuse, homelessness, depression, and fear.

More than a decade ago, the Child Welfare League of America held its first colloquium on the subject (Serving the Needs of Gay and Lesbian Youths: The Role of Child Welfare Agencies, January 1991). In September 2000, as the need for an understanding of transgendered youth continued unabated, CWLA convened a group of practitioners, child welfare workers, and youth, this time focused specifically on how the system can better serve transgender youth. This monograph details the sensitive examination that arose from that gathering of the issues facing these youth and compiles the colloquium's recommendations.

The need to respond to the concerns of transgender youth in care is compelling. Child welfare organizations that understand and address the needs of these youth will, over the long term, create safer, more open agencies and improve the quality of services they provide to all the children and youth in their care, regardless of their sexual orientation or gender preference.

Our thanks to all the colloquium attendees, especially the youth themselves, who allowed us to take an extraordinary look at their vulnerabilities, needs, and strengths. Our thanks also to Teresa DeCrescenzo, Founding Executive Director, Gay & Lesbian Adolescent Social Services (GLASS); and Gerald P. Mallon, Associate Professor, Hunter College School of Social Work, and Founding Director, GLBTQ Programs, Green Chimneys Children's Services, for their work in compiling these proceedings and for their advocacy for fair and equal treatment for all youth of this country.

Shay Bilchik
President/CEO

Introduction: The Challenge

Part of the way our society maintains stereotypes and negative attitudes about transgender people is by refusing to view them as a legitimate topic for discussion in our homes, our child welfare systems, or our educational institutions. Such silence promotes the maintenance of stereotypes, because positive images that reflect the reality of transgender people are extremely limited both in the media, which influences popular opinion, and in the professional literature, which informs the practice of youth and child welfare. Many transgender youth cannot comfortably or safely disclose their orientation in such an atmosphere. As a result, students and practitioners are not exposed to the realities or diversities of this population. Given the increasing number of transgender children and adolescents who are now presenting in child welfare and other agencies serving youth, a need clearly exists to provide accurate, relevant, nonpathologizing, and affirming information about these youth.

Within the context of a foundation of knowledge for social work practice, begun in an earlier text (Mallon, 1998) that focused on gay and lesbian people, this issue brief sets the groundwork for youth and child welfare practice recommendations for transgender youth across system levels—individuals, groups, and families. An ecological perspective (Germain & Gitterman, 1980, 1996) is used to view transgender youth holistically, so that individuals and environments are understood as a unit in the context of their relationships with one another (Germain, 1991, p. 16). Strict boundaries have historically regulated gender in Western society, therefore, when one is defined by traditional theories and environmental expectations, no acceptable ways are currently available to achieve full status as a person who identifies as transgender.

To view transgender children and youth from outside the framework of traditional theories, it is necessary to embrace a postmodern philosophy that reflects a conceptual collage of social construction and narrative theories. It allows the meanings and understandings that we attribute to events in our lives to be socially, culturally, and historically embedded. The world of meanings and understandings is socially created and shaped through language (Lawson & Prevatt, 1998). Language and knowledge are relational and generative. Transformation is inherent in the inventive and creative aspects of language, dialogue, and narrative. The potential for transformation and change is as infinite in variety and expression as the individuals who realize it. Consequently, this brief and its recommendations examine the primary reciprocal exchanges and transactions that transgender youth face as they confront each unique person. These environmental tasks are involved in being a person in a society that assumes all of its members are clearly, unambiguously, and irrevocably gender-defined at birth. This brief helps youth, as well as child welfare students and practitioners, increase their understanding of transgender people by introducing them to a foundational level of knowledge. The brief focuses on social work practice within the context of practice with individuals, couples, groups, and families.

The interventions and strategies discussed in the various client system levels are normatively aimed at improving social functioning and identifying client strengths. The interventions and strategies assume an affirming stance that emphasizes resilience and health rather than deficit and pathology. Helping transgender youth move toward a "goodness of fit" within an often hostile environment is the foundation of the work of each of the colloquium participants.

Given the purpose of child welfare, social workers and others who work with children, youth, and families need to understand how to practice with diverse populations, including transgender people. Fundamental to this process is the mandate that social work practitioners develop strong assessment skills. Adequate assessment in social work requires practitioners "to think big, to see the full transactional process all at once" (Meyer, 1993, p. 12). Social workers preparing to practice with transgender youth, however, must do more than just think big. They must also think broadly in their conceptualization of gender identity and think beyond the presumption that all people are unambiguously male or female in their gender identification. In this context, *gender identification* refers both to the public presentation of gender and to the inner experiences of gender. These may not always be consonant. In fact, among transgender children and younger adolescents, considerable dissonance often occurs between

the psychological experience of gender and the public presentation of gender. Thinking and acting beyond one's personal, religious, or cultural biases are additional components of practice that must be learned and added to the repertoire of skills by people who work with clients who identify as transgender.

This brief emerged from multiple discussions at professional conferences, many years of experience in practice, a review of the relevant professional literature, and a roundtable discussion with professionals and those most affected—transgender youth themselves—at a meeting in Los Angeles in fall 2000. It also emerged from dialogues with colleagues and students in academic settings about transgender issues in state of the art practice. In all these situations, we agreed that transgender youth are misunderstood, frequently overlooked by both practitioners and educators, and prematurely pathologized. From these colloquia and meetings, the perception also emerged that this topic is ripe for exploration and is an area in which practitioners need guidance.

What Do We Know About Transgender Youth?

Transgender youth are one of the most neglected and misunderstood groups in our society. In addition to facing the regular developmental tasks of adolescence, these young people face an extraordinary number of additional internal and external pressures associated with their identity development in a society that is overwhelmingly uncomfortable with gender nonconformity. When these pressures remain unrelieved, they lead to extreme isolation and confusion, which in turn may lead to an array of biopsychosocial problems, ranging from depression, anxiety, and substance abuse to self-mutilation.

No exact numbers are available as to the incidence of self-identified transgender individuals in the United States or other countries, perhaps because of the broad scope that the term *transgender* encompasses. In the early 1990s, communities of gender-variant or gender-atypical individuals began to unite politically and socially to demand the rights and respect they deserve. These communities include cross-dressers, drag kings and drag queens, transsexuals, hermaphrodites, transgenderists, gender-benders, masculine women, feminine men, androgynes, bigenders, and other designations that are still emerging.

Transgender subsequently has emerged as an umbrella term to unite these groups by including all those who contest the boundaries of traditional definitions of sex and gender (Carranante, 1999; Feinberg, 1996). As in other nascent social activist movements, even the activists themselves are not in complete agreement on the precise definitions of some of the terms used in this brief. Nonetheless, this term seems like a reasonable starting place for discussion.

With this broad definition, it is appropriate to assume that transgender communities, although small compared to the overall population, are significant in size. This distribution is reflected in the adolescent population as well. As the transgender community has gained more visibility, especially in the popular media, increasing numbers of young people have become emboldened and more comfortable in asserting their nonconforming gender characteristics.

Concurrent with increased visibility, an increased backlash occurs. Families, schools, peer groups, places of employment, and other institutions often lack accurate knowledge about this population. As a result, these young people may be isolated, pathologized, derided, or ignored altogether. To minimize this problem, social service agencies and human service professionals must collaborate to work with transgender youth, ease the isolation and confusion, and bridge the gaps that separate them from their families, schools, peers, and other social systems.

What Are the Issues?

Although transgender adolescents face all the conventional stressors of adolescence, they also encounter stressors that are unique to their status as atypical individuals in society. Adaptations are thus needed to achieve a goodness of fit between the person and the environment. From this challenge will emerge the theoretical framework for understanding the needs of transgender youth in a postmodern milieu. These issues and needs include:

- Health care issues
- Violence
- Authenticity
- Language/definitions
- Family issues
- Labeling
- Education
- Legal issues, such as name changes and Social Security cards
- Hormone treatment
- Risk reduction
- Clothing, names, and pronouns

- Cultural diversity issues
- Employment
- Religion
- Consonance between the inner psychological experience and gender

Review of the Literature

Only one book has been published that is specifically about transgender youth (Mallon, 1999). In recent years, however, popular literature has proliferated on the general topic of transgender issues. Feinberg (1996), Bornstein (1994), Wilchins (1997), and others have written extensively on the subject of transgender theory, culture, and politics, but all have neglected issues specifically affecting transgender youth. Despite laudable attempts to include transgender youth in agencies serving lesbian, gay, and bisexual young people, books focusing on these populations have failed to include transgender youth in their titles or in their content, with only an occasional perfunctory two or three pages on gender identity.

A similar paucity of information exists in academic and formal research. A literature search using the keywords transgender youth within the Social Work Abstracts, Sociofile, Medline, and PsychLit research systems yielded few results. Even when using more clinical and outdated terms such as transsexual or gender identity disorder (GID), results are minimal and, due to the clinical nature of the literature, limited in scope. In fact, a major portion of literature on transsexuals focuses almost exclusively on the medical area of gender reassignment surgery. Although this brief does not focus on gender reassignment surgery, it should be noted that the outdated terms preoperative and postoperative in relation to transsexuals have been largely abandoned in favor of simply using the terms transgender or transsexual. Over time, a hierarchy seemed to develop in relation to readiness or intent to have gender reassignment surgery. These distinctions further stigmatized transgender persons who had no desire to have such surgery. As a result, modifiers designating operative status were dropped from the lexicon.

Much of the literature written about this community is pejorative in nature or contains language that pathologizes the group as a whole. Words such as "'miserable" and "troubled," and references to transgender identity as a "problem" are common and do not include differentiation between gender identity and other psychosocial issues that may be present, such as substance abuse or depression. Neither is society's role acknowledged in creating dis-

tress within the individual (Lothstein, 1983; Steiner, 1985; Wicks, 1977). These approaches reflect the practice approach of the time when they were written. Nonetheless, they point to the need to revise and add to the current academic literature to counterbalance the negative references with accurate, unbiased descriptions of this community. These terms also are examples of the need to embrace a contemporary approach to understand, through the narrative process, the meaning that gender identity has for an individual.

Most literature regarding transgender youth focuses on treatment of those within this community who identify as or are labeled as transsexuals or those who are "diagnosed" with GID. Suggested treatment approaches run from forced behavioral modification during childhood and adolescence (Riseley, 1986; Zucker, 1985) to cognitive therapy emphasizing self-exploration and identity integration (Kahn, 1990; Levine, 1978). Nowhere in the literature search, except as noted, is there a discussion of attempting to understand the perspectives of a community of people and relationships, along with the meanings and understandings that they attribute to their life experiences.

Outside the clinical pathology spectrum, the only literature that paints an objective descriptive account of the developmental aspects of transgender youth is in the text edited by Mallon (1999). This lack is significant because, although information obtained from youth who seek treatment is valuable, it may be skewed if pathologizing accounts are assumed to represent an entire population.

The distinction between one's gender identity and mental health issues becomes blurred, and the result is often that the individual's gender identity is seen as the problem—the source of the adolescent's pain and confusion. Gender identity "confusion" or dissonance, even discomfort, may be or can become a problem. The issue, however, is more the responses of parents, peers, and teachers, and the strictures imposed by an inflexible society, not the fact of a gender identity, or inner gender experience, that differs from the biological gender.

Fortunately, Mallon's work (1999, 2001) has helped shift the focus from gender identity as a problem to the external factors that lead to internal distress. For transgender youth, the external factors are manifested most often through social pressures to conform to traditional gender expectations. These social pressures emanate from cultural mandates, families, child welfare systems, youth services, schools, peer groups, social service agencies, and other institutions that define culture. When an adolescent defies these expectations—to varying degrees and through a variety of means—confusion and isolation result, often leading to intrapsychic problems and problems such as depression, low self-esteem, substance abuse, hormone abuse, unsupervised

self-medication, and even self-mutilation. These effects may be compounded by additional factors such as running away or being pushed or thrown out of home, in turn resulting in homelessness, prostitution, survival sex, petty theft of food and clothing, increased risk of exposure to sexually transmitted diseases (particularly HIV), dropping out of school, and unemployment (Cohen, 1991; Denny, 1995;- Kahn, 1990; Rodgers, 1997; Ryan & Futterman, 1998).

In the clinical community of psychiatrists, psychologists, social workers, and other therapists, much of the dominant thinking regarding transgender people rests on the "condition" labeled GID in the *Diagnostic and Statistical Manual of Mental Disorders* (4th edition, text revision) (*DSM-IV-TR*) (American Psychiatric Association, 1994). This manual is used by mental health professionals to assess mental and emotional disorders. To understand these clinicians' perspective and thus gain an understanding of the preponderance of literature on the subject, it is important to review the issues related to the definition of GID in *DSM-IV-TR*. The *DSM-IV-TR* diagnostic criteria for GID are as follows:

- A strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex).
- In children, the disturbance is manifested by four (or more) of the following:
  - — A repeatedly stated desire to be, or insistence that he or she is, the other sex;
  - — In boys, preference for cross-dressing or simulating female attire;
  - — In girls, insistence on wearing only stereotypically masculine clothing; strong and persistent preferences for cross-sex roles in make-believe play or persistent fantasies of being the other sex; or
  - — Intense desire to participate in the stereotypical games and pastimes of the other sex; strong preference for playmates of the other sex.
- In children, the disturbance is manifested by any of the following:
  - — In boys, assertion that his penis or testes are disgusting or will disappear, or aversion to rough-and-tumble play and rejection of male stereotypical toys, games, and activities.
  - — In girls, rejection of urinating in a sitting position, assertion that she does not want to grow breasts or menstruate, or marked aversion toward normative feminine clothing.

- In adolescents and adults, the disturbance is manifested by symptoms such as a stated desire to be the other sex, frequent passing as the other sex, desire to live or be treated as the other sex, or the conviction that he or she has the typical feelings and reactions of the other sex. Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex.
- In adolescents and adults, the disturbance is manifested by symptoms such as preoccupation with getting rid of primary and secondary sex characteristics (e.g., request for hormones, surgery, or other procedures to physically alter sexual characteristics to simulate the other sex) or belief that he or she was born the wrong sex.

- The disturbance is not concurrent with a physical intersex condition.
- The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Many arguments can be made against the GID classification. One is the widely held belief that it is used as a hidden means to diagnose homosexuality and subsequently to try to cure it. This argument is consistent with the belief that since homosexuality was removed from the list of mental disorders, certain diagnoses (such as Narcissistic Personality Disorder) have become covert ways of continuing to pathologize same-sex orientation. This classification stigmatizes children, adolescents, and adults who do not conform, even in the slightest way, to traditional gender norms. Opponents of the GID classification charge that it results in the diagnosis of a disorder that is in reality not present, creates a stigma about identity that leads to internalized shame, and often—especially for children and adolescents—leads to forced treatments involving the imposition of gender norms (Osborne, 1997; Wilson, 1997).

Proponents of maintaining the classification argue that a GID diagnosis is necessary to satisfy requirements of the Harry Benjamin Standards of Care, a list of guidelines that candidates for sex reassignment surgery must follow. Furthermore, those in favor of keeping the classification say that it validates the experiences of those who are transgender (often called "gender dysphoric" in clinical circles) by giving practitioners a framework from which to operate (Osborne, 1997; Steiner, 1985).

Wilson (1997), of the Gender Identity Center of Colorado, offered one possible solution to the debate. She noted that "it is possible to retain a diagnosis that specifically addresses the needs of the preoperative transsexuals

requiring medical sex reassignment, with criteria that clearly and unambiguously exclude others for whom the diagnosis serves no therapeutic purpose" (p. 122). Wilson and others encourage clinicians to make a diagnosis on the basis of other psychosocial factors that may be present, such as depression or multiple personality disorder. Neither Wilson's compromise measure nor any of the proponents or opponents of the GID diagnosis' approaches takes a postmodern theoretical approach, that is, accepting the meaning gender has to the individual, and applying a best practice standard of care regardless of the absence or presence of a diagnosis that carries the word *disorder* in it.

Physical and Psychological Changes

Adolescence is a time of enormous social, biological, and psychological changes. For almost all young people, this is a confusing time fraught with unexpected twists and turns. Perhaps the most intense changes come during puberty, when the body undergoes physical growth and sexual maturation. Many adolescents find solace regarding these changes through standard health curricula that teach them what to expect and in peer groups where they can share stories of their trials and tribulations, but transgender youth rarely have such support systems.

Puberty is typically the time when transgender adolescents feel the most confused and isolated. Gender nonconformity in childhood may not have been taken as seriously by external systems, and the child may have been content with the idea that he or she would soon become the opposite sex. In adolescence, however, those illusions are crushed, sometimes brutally. Transgender youth may be repelled by or ashamed of their developing secondary sex characteristics. They may begin to wear bulky clothing to mask physical changes or use tight undergarments or bandages to bind breasts or genitals. In extreme cases, young people may also make attempts at removing unwanted sex organs through autocastration or constant repeated pounding of breasts. Hormonal abuse may occur as well, and young people may self-administer estrogen or testosterone supplements. These substances are as readily available as marijuana, cocaine, ecstasy, and other recreational drugs, particularly in cities. Other attempts to alter physical appearance in male-to-female (MTF) transgender youth include injecting silicone, or even cooking oil, into the lips, chest, buttocks, or thighs to attain more womanly contours. Female-to-male (FTM) transgender youth may try steroid abuse or the excessive use of powders intended for bodybuilding (Brown & Rounsely, 1996; Denny, 1995; Rodgers, 1997; Ryan & Futterman, 1998).

Psychological changes are also heightened in intensity for transgender youth. The mood swings and "testing of limits" through increased risk taking, although typical in adolescence, may signify deeper trouble for these youth. Because of internalization of negative attitudes toward gender nonconformity, transgender youth are at increased risk for low self-esteem, which in turn may manifest itself through depression, substance abuse, self-mutilation, and/or suicide.

External Pressures

The biological and psychological distresses of transgender youth are often symptomatic of pressures created from the macro and mezzo social systems surrounding these young people. Pressures to conform to traditional gender norms intensify during adolescence, and the degree of those expectations significantly affects and shapes how the individual copes with the physical and psychological changes.

Zastrow and Kirst-Ashman (1995, p. 164) summarize the importance of these systems:

- Mezzo systems (family and peer group) are dynamically involved in childhood growth, development, and behavior.
- Social interaction with other people in childhood provides the foundation for building an adult social personality.
- Larger (macro) systems within the environment, including communities, government units, and agencies, can provide necessary resources to help families address issues and solve problems typically experienced with children.
- Impinging macro systems within the social environment can act either to help or to hinder family members in fulfilling their potential.

Family

The family is the system that probably has the greatest influence on an individual's development. For the child, from birth through young adulthood, this unit has as one of its primary tasks the "physical, mental, emotional, and social development of each of its members" (Duvall, 1971, as cited in Schriver, 1995, p. 145). No matter what the makeup of the family, no matter what the cultural back-

ground, gender expectations are usually deep-seated and unwavering. If a child does not meet these expectations, families usually intervene, either through discipline or therapy, during childhood. On the presumption that the behavior is a phase, the family may allow the child to push the boundaries temporarily.

If the child continues to express herself or himself outside of gender expectations into adolescence, the interventions are likely to become more rapid and stern. The child's expression of identity becomes viewed as an act of rebellion against the parents or guardians, who feel it must be punished more severely or treated with intense psychotherapy. Parents or guardians express their discomfort with gender nonconformity through their attitudes toward the child, resulting in strained relations and further isolation of the adolescent.

The degree of negative reaction usually is proportional to the degree of gender nonconformity. For instance, a parent's reaction to an MTF transgender youth who wears black nail polish and has pierced ears may not be the same as his or her reaction to an FTM youth who wears a tuxedo to the prom. These behaviors, however, may still be viewed by the family as a way of testing the limits and identity formation, and they still may think that the adolescent will grow out of it. As the adolescent becomes older, however, and behaviors and expressions of gender identity become more gender nonconforming as well as more pervasive and persistent, the parent or guardian may view the situation more seriously.

In the event of extreme and/or persistent gender nonconformity, or if the youth discloses transgender identity to her or his parents, the family may respond with extreme behaviors. Physical, emotional, and verbal abuse may occur. The youth may even be thrown out of the home, or the youth may become so isolated in the home as a result of the family's discomfort and shame that he or she runs away.

Parents, Family, and Friends of Lesbians and Gays (PFLAG), a national network of local support and advocacy groups, has fostered initiatives to assist families who have transgender children in acquiring the knowledge and skills necessary to create a healthy environment in the home. In addition, more sensitive clinicians are encouraging families to allow adolescents to express their unique gender identity, albeit with compromises (until the child is older) such as cross-dressing at home but not in public. Many families, however, remain unaware of such organizations or therapeutic techniques. To the extent that they are aware, most families have such ingrained, rigid gender roles that, for transgender youth, the family is a system that, more often than not, fails to fulfill its roles as nurturer and caregiver.

Schools

Schools have a significant effect on development during adolescence that is second only to families. Schools are the testing ground for social skills; through this testing, identity formation takes place. Fortunately, in a few urban areas there are cliques in which transgender youth may be accepted. In some schools, cliques of lesbian, gay, bisexual, and transgender youth form spontaneously, through school clubs and informal friendship networks. Increasing numbers of transgender youth are "coming out" in schools, asserting their identity, and demanding attention.

Despite these positive strides, school communities still have a great need for improvement. Curricula remain devoid of transgender issues, from historical figures to reading assignments to education about sexuality. Rarely do faculty and staff have sensitivity training on the unique needs of transgender youth. Furthermore, many rites of passage that occur within the context of schools are traumatic for transgender youth. Physical education, pressures to date, classes oriented to specific genders (e.g., shop for boys and home economics for girls), and the prom are all examples of middle and secondary school classes and rituals that tend to adhere to strict traditional gender norms. Most transgender youth endure teasing and harassment that may escalate into violence. As in the family, pressures at school can lead to further isolation of transgender youth.

Youth and Child Welfare Systems

Youth who cannot live at home with their families, who prematurely leave their families, or who are thrown out of their families often live in child welfare systems (group homes, family foster homes, or other residential programs) or in runaway and homeless youth systems (shelters or transitional living programs). Only recently have these systems made strides toward inclusion of gay and lesbian youth. Transgender youth are still usually not welcome in these systems, and professionals in residential care are usually completely unprepared for working with these youth. Such systemic inadequacy impinges significantly on safety, case management, treatment planning, permanence, and well-being for these youth. Gay and Lesbian Adolescent Social Services (GLASS), in Los Angeles, and Green Chimneys, in New York City, are among the few programs that include transgender youth in foster homes, group homes, and supervised independent living programs. This inclusiveness extends to the programs' employ-

ees and foster families as well. As a result, transgender children are able to live with transgender foster parents or to receive psychotherapy from a transgender clinician. That employees reflect the client population is one additional way to normalize the life experience of transgender youth.

Other Systems

In addition to the family and school systems, other institutions also exert pressure on transgender youth to conform and suppress their identities. Health care professionals, employers, and places of worship usually appear to be dead ends to these youth, offering little solace and more isolation. These youth tend to be isolated in a variety of ways, including cognitively, socially, emotionally, and spiritually. They are isolated cognitively because no one gives them information about what it means to be transgender or points out successful adult transgender role models. They are isolated socially because, in general, few social or recreational venues welcome transgender people. The few available venues are typically adult in nature—alcohol may be served, and social contact might also include expectations of sexual availability. Transgender youth are emotionally isolated because most "support systems" are designed to "cure" them of their "disorder," so little comfort or succor is offered in a treatment context. Finally, even those few churches that welcome gay and lesbian people often balk at transgenders joining in worship, and the churches may shun minors as well.

The social service agencies to which transgender youth turn for help, or to which they are referred through no choice of their own, often perpetuate ignorance and neglect. Foster care and group homes, shelters for homeless youth, juvenile detention centers and jails, community centers, afterschool programs, and other institutions are commonly just as ill-equipped to welcome transgender youth as the institutions the youth are attempting to avoid or escape.

Safe Spaces

Across the country, a few agencies with services that include lesbian, gay, and bisexual youth are attempting to become better equipped to address the unique needs of transgender youth. These agencies offer safe havens where youth can be free from persecution.

The mission of these agencies includes reaching out to homeless and disenfranchised youth; offering them respite from hunger, cold, loneliness,

and fear; and providing the opportunity to reclaim for themselves a sense of dignity and self-worth. In essence, the agencies fill the void left by the families of many of these youth. Such agencies strive to provide alternatives for the youth and to counteract the negative experiences the youth often encounter when accessing mainstream services.

Recommendations

Although some practitioners have been helping transgender youth through adolescence, and some agency staff and board members are committed to providing quality care to all youth in their care, many have not had the education and training on how best to support these adolescents. Colloquium attendees, although concerned with all adolescents, gathered in Los Angeles to focus their attention on the specific needs of transgender youth. The recommendations that follow emerged in part from this colloquium and can help youth-serving and child welfare agencies to work more effectively with transgender youth.

Policy/Administrative Management Issues

Policy/Management Issues Committee

Wendell Glenn, Robin Nixon, Shannon Minter, Daviko Marcel, and Cathy Ruffin-Melton

Child Welfare League of America (CWLA) management and CWLA's member agencies should provide leadership in developing safe and affirming environments for all youth. They should:

1. Provide opportunities for building professional competencies at all levels within agencies on the issues facing transgender youth, through learning materials, workshops, seminars, conferences, and interagency sharing.

2. Add "gender orientation" to agency and member agency nondiscrimination policies, bylaws, recruitment policies, client admissions, program descriptions, and other materials wherever appropriate.

3. Track the development and publication of new materials on serving transgender youth and maintain them in a resource library for staff and board members.

4. Catalogue successful models for serving transgender youth in child welfare agencies and share the materials with other agencies. Collections of relevant materials are available from the Center for Population Options, Sexuality Information and Education Council of the United States, San Francisco State University, and the Kinsey Institute.

5. Consider requests from legal researchers to provide information for amicus briefs in litigation.

6. Ensure that CWLA and industry-wide administrative policies and best practice standards are supportive of the needs of transgender youth. In addition, recommend to the Council on the Accreditation of Services for Families and Children that its standards be supportive of the recommendations contained in this report.

7. Encourage other licensing and accreditation bodies, as well as groups that set standards of practice, to determine acceptable behavior, regardless of an adolescent's gender orientation.

8. Build staff competencies by integrating issues of concern to transgender youth into training curricula, practice and policy discussions, and other initiatives.

9. Integrate the needs of transgender youth into service planning and implementation.

10. Create an agency environment that is safe and nurturing for all youth, regardless of their sexual or gender orientation.

11. Using models of successful programs, encourage the development of a positive self-identity for youth who identify themselves as transgender.

12. Recognize the universal negative effects of bias, not only on the treatment of transgender youth but on all children and youth.

13. Recognize transgender youth as a hidden client group, and promulgate administrative policies that apply to all children and youth in care.

14. Promote research studies to determine the reasons for the high rate of multiple placements and placement disruptions of transgender youth in out-of-home care, and examine the specific health and emotional needs of transgender youth who are served by child welfare agencies.

15. Examine existing indicators that can be used to obtain basic data about transgender youth served by agencies.

16. Facilitate access to all relevant child welfare and related services for transgender youth.

17. Review administrative policies to ensure that they properly define the boundaries for permissible behaviors between staff members and all youth in care, including behaviors such as abuse, name calling, violence, physical expressions of affection, and sexual relationships.

18. Encourage and support networking with other service providers to help ensure that all the needs of transgender youth are properly met.

Major Points

Advisory Committee Duties

- Evaluate safety issues and take a clear stand concerning tolerance of behavior.
- Conduct and use research to inform policy.
- Make clear, written policy recommendations.
- Develop standards of care.

Practice Issues/ Educational and Training Issues

Practice Issues/Educational and Training Issues Committee

John Volpe, Kevin Jackson, Mark Abelson, and Masen Davis

CWLA member agencies should:

1. Recognize that transgender youth have unique needs that require sensitivity, responsiveness, and competency on the part of all child welfare practitioners.

2. Integrate into risk assessment instruments an examination of the unique strengths and needs of transgender youth in their homes, in placements, and in reunification decisions.

3. Become familiar with and access the community resources available to transgender youth.

4. Ensure that emergency, crisis, and other relevant direct services are made available to transgender youth.

5. Provide appropriate counseling support through the provision of casework, information sharing, and support groups for transgender youth and, as much as possible, their families.

6. Provide families of transgender youth with relevant resource materials on gender orientation, as well as with opportunities to discuss and process issues of concern.

7. Select the most appropriate placement when placing transgender youth in an out-of-home care setting, regardless of the adolescent's gender orientation.

8. Involve transgender youth, as much as is age and developmentally appropriate, in their own service planning.

9. Select prospective family foster care parents, group residential care staff members, and child day care providers on the basis of their qualifications, not their sexual or gender orientation.

10. Educate and train all prospective foster and adoptive parents about the full range of sexuality and gender orientation issues.

11. Support those adolescents in foster care who specifically request help on gender orientation issues, as well as the foster parents and birthparents who care for them.

12. Establish rules of behavior and consequences of misbehavior that apply to all children and youth in group care settings, including the same standards of acceptable sexual behavior for all youth, regardless of sexual or gender identity or orientation.

13. Integrate issues of sexual and gender diversity and variation into the agency's sexuality curriculum.

14. Link with local support agencies that serve transgender youth, including social service agencies, hospitals, and schools.

15. Sensitize the community to the diversity of the residential group care population and advocate in the community for all children and youth.

16. Treat the emergence of a child's sexual or gender orientation after adoption as any other issue would be treated after legal adoption.

17. CWLA and its member agencies should develop, disseminate, and implement practice standards pertaining specifically to transgender children and youth.

18. CWLA and its member agencies should develop multicultural and multidisciplinary training and education programs to provide social workers, foster families, care providers, health professionals, and educators with the skills and knowledge necessary to effectively and appropriately provide for the needs of transgender children and youth.
19. CWLA and its member agencies should encourage and facilitate the education of the media and public to increase awareness and understanding of transgender children and youth.

Standards of Care

- Know the Harry Benjamin International Gender Dysphoria Association standards of care.
- Be familiar with *DSM-IV-TR* issues.
- De-medicalize treatment.
- Be aware of everyday care issues.
- Address licensing issues—roommates, clothing, and so forth.
- Use chosen pronouns/names.
- Focus on client.
- See transgendered identity as an adjustment rather than as a pathology.
- Normalize the transgender status.
- See the whole person and program, not just the transgender issue/identity.
- Provide lifeskills training.
- Allow gray areas.
- Improve the ability to deal with ambiguity.
- Provide support for those who are questioning.
- Ask for help.

Resource Development

- Compile existing resources and links.
- Review research on gender identity, clinical skills/interventions, medical research, and laws.
- Become familiar with relevant language and terminology.
- Develop links to the transgender community.
- Expand computer interactive programs, such as personal stories (narratives).
- Develop a national mentor/tutor network and listserv.

Major Points

- Develop and use public media education.
- Develop multifaceted educational training programs, including Transgender 101, with practical knowledge and resources.
- Develop standards of care, accreditation, and resources.

Advocacy Recommendations

CWLA and its member agencies should:

1. Acknowledge that transgender youth are served in child welfare agencies and that they have unique needs that deserve attention.
2. Work to avoid stereotyping of transgender youth.
3. Encourage the inclusion of transgender youth issues in the curricula of professional schools (e.g., schools of education, social work, and nursing) as well as in school systems.
4. Protect the civil rights of all youth served by youth and child welfare agencies, including transgender youth.
5. Encourage the development and provision of health services for all adolescents, including transgender youth.
6. Incorporate references to the unmet needs of transgender youth in legislative testimonies on youth concerns.

7. Encourage appropriate legislative committees to conduct hearings on the unmet needs of all adolescents, including those who are transgender, in the youth and child welfare system.

8. Oppose policies that do not meet CWLA standards regarding the use of foster or adoptive parents.

9. Include issues affecting transgender youth in agency newsletters, reports, and other publications.

Youth Focus/ Youth Orientation

Observations and Recommendations from Youth

Linda Irrizarry, Connor McCann, Emelia Lombardi, and Cheryl Gully

Defining Youth—2 to 21 Years Old

- Children
- Preadolescents
- Adolescents
- Young adults

Self-Identification

- The ability to state beliefs and feelings
- Upbringing; cultural and societal definitions
- Avoidance of trying to change them
- Validity of identity

How Society Should Respond to Transgender Youth

- Understand transgender youth
- Address service issues and needs

- Incorporate professionals' own agendas
- Educate staff/caregivers
- Respect youth and their abilities

Educating Youth About Their Options

- Give guidance on options; provide safe environments and opportunities to experiment.
- Learn to assess resource options and the community.
- Evaluate freedom to experiment.
- Provide health education.

Forget the Stereotypes

- Do not pathologize us.
- Do not pigeonhole us.
- Realize that complexity is a part of life.

Know the Psychological Effects on Transgender Youth

- Isolation
- Psychological effect of discrimination

Behavioral/Physical/Psychological/Cognitive Differences

Family

- Avoid blaming the parent.
- Evaluate sibling relationships.
- Help family to accept their children.
- Help transgender youth deal with their community and extended families.
- Help parents be the best parents they can be.

- Find and encourage support systems.
- Discuss religious issues.
- Emphasize that healthy families allow differences.

Health care providers

- Should not be gatekeepers.
- Do not view people as "sick" until proven unhealthy.
- Acknowledge differences between MTF and FTM transgenders.
- Do not provide illegal access to hormones.
- Provide equal access to surgery/medical care.

Main Points

- Validation of identity is important.
- Complexity is a part of life.
- Develop youth-focused resources.
- Positive youth development is beneficial.
- Family resources education is helpful.
- Funding for research is needed.
- Develop and support collaborations.

Recommendations

1. Acknowledge that the feelings and beliefs about the gender of an individual child should be seen as valid and real and not as a pathology.
2. Develop resources and educational materials about transgender issues that support transgender identities.

3. Actively advocate for local, state, national, and private funding to conduct research that will address the culturally diverse and institutional needs of transgender youth. Support collaboration between organizations.

4. Ensure that transgender children and their families have access to health care services and information about services.

CWLA's Commitment

CWLA was created and exists to guard, guarantee, and ensure the welfare, safety, civil rights, and provision of quality services for all children. Its member agencies are committed to helping youth and families in a manner that shows respect for their race, ethnicity, culture, religion, and sexual and gender orientation. The agencies are also committed to serving all children in their care sensitively, responsively, and competently.

CWLA will continue to establish and promulgate policies and practices to establish appropriate and quality services for all children.

The improvement of services for transgender youth should be based on CWLA's professional code of ethics, which mandates that "we start where the client is" and calls on workers to respect client diversity as they address client needs.

We recognize that many agencies and communities have too long ignored these youth and the complex problems they face. We recognize that a lack of information serves to create unwarranted fears of people with a gender-variant orientation, resulting in failure to properly integrate the needs of these children and young adults into agency services.

CWLA and its member agencies are committed to working toward overcoming barriers to the provision of effective quality services for all children and adolescents, including those who are transgender.

The CWLA Commitment to Youth

The CWLA commitment is that all youth, especially youth in out-of-home care, receive the respect, resources, and responsibilities they need to grow into first-class, productive citizens.

What Do Agencies Need to Do?

Introduction

Using case examples from several nationally known transgender-affirming agencies, CWLA offers recommendations on agency philosophies concerning the reality of transgender youth and offers suggestions on how to create safe, welcoming, and nurturing environments.

The dilemmas faced by transgender youth and their families are clear (Feinberg, 1993; Israel, Tarver, & Schaffer, 1997; Scholinski, 1997). Youth-serving agencies, already challenged by many substantial issues, tend to exhibit a range of sensitivities to transgender youth. At one extreme, some agencies openly discriminate against transgender youth. At the other end of the spectrum are agencies that have affirming approaches and that strongly advocate for the needs of these youth. As noted earlier, some agencies actively recruit foster families and youth workers who are transgender. Most youth-serving agencies fall somewhere in the middle. Some initiate good faith efforts to become more affirming, usually when they encounter their first openly transgender youth. Many such efforts are initiated because the transgender youth is seen as a problem. Unfortunately, a more proactive stance in preparation for working with diverse groups of youth rarely takes place without a precipitating incident. Agencies come into contact with transgender youth for many of the same reasons that they see other youth: family conflict, health or mental health of the youth, school problems, or the need for out-of-home placement. The scope of these issues with respect to a transgender identity requires that all youth-serving agencies become knowledgeable about and sen-

sitive to the needs of transgender youth. Their vulnerability, particularly at times when they come to the attention of agencies, is a compelling reason that youth service providers should be prepared for working with this population. The most inopportune time to begin to increase one's knowledge about any population is when they arrive at the agency in a crisis and are in need of immediate assistance.

Case 1

Green Chimneys Children's Services, initially designed to meet the needs of groups of heterosexually oriented children and youth aging out of foster care, is an excellent example of a mainstream child welfare agency that has been transformed into a gay-, lesbian-, and transgender-affirming organization. Established in 1947, Green Chimneys was designed and administered by heterosexually oriented professionals. The agency received financing from private sources to fund their efforts; however, public monies were a major source of support of all their programs. In 1987, however, due in large part to the hiring of an openly gay Associate Executive Director, Green Chimneys took a bold step out of the child welfare closet and moved forward by reaching out to provide leadership in child welfare for another unique and underserved population—gay, lesbian, bisexual, transgender, and questioning (GLBTQ) children and youth, and families affected by issues of sexual orientation. Gay, lesbian, and transgender professionals were comfortable working with GLBTQ adolescents. These staff members began to address sexual orientation issues openly, challenge heterocentric policies, and design programs that ensured a better fit for gay and lesbian young people and their families. With this new influx of GLBTQ staff, the agency's culture, previously heterosexually oriented, began a process of transformation as the staff openly included GLBTQ adolescents in the program's array of diversity. In reflecting on this transformational process, one professional from that program made these observations:

> *We just decided that we had gay kids, we did good work with them, and we would continue to provide care for them. We made a conscious decision not to discriminate. Initially, we were referred and accepted a number of self-identified gay kids. Their orientation was not the issue. Their needs fit the mission of the program, and they were accepted. Then we began to earn a reputation for being an agency that would take gay kids, and then we started to get calls for every gay kid that came through the system. I think, at certain points in time, the agency was uncomfortable about being stigmatized as "the gay agency,"*

but for the most part they have been very supportive of our efforts. Our openness to accepting gay kids unfortunately has not been the norm. (Mallon, 1998, pp. 101–102)

In taking such a bold step out of the child welfare closet and moving forward to respond to the needs of GLBTQ youth and families, Green Chimneys has had to make a major shift in its organizational culture. Green Chimneys was the first mainstream child welfare agency in the United States to openly respond to the needs of GLBTQ youth and develop program options that would provide a continuum of care for GLBTQ children, youth, and their families. The organization's administration has provided leadership, but the transformation was not always painless.

Both Green Chimneys and GLASS have struggled with being closely monitored in very different ways by state authorities and with being held to a different standard than other agencies. Such close scrutiny can be stressful to the operation of a program and particularly to program line staff, who may feel that they are under constant watch. This is, unfortunately, a very real consequence of developing GLBTQ-affirming programs.

In addition, not all agency staff at Green Chimneys were affirming or accepting at first. Religious and cultural biases played a large role in their level of discomfort. A major commitment to ongoing training for all staff and to maintaining the stance that Green Chimneys has always served the most needy youth and families helped change the organization's culture.

Although transgender youth might still raise their eyebrows when attending a function on Green Chimney's main campus, they are always treated with dignity and respect by the staff and residents. Staff in all program areas of the agency are aware of the New York City program's commitment to GLBTQ youth and GLBTQ-affected families. Not all staff fully comprehend the needs of these youth, but the New York City branch of the agency continues to educate them and help them move toward acceptance.

In transforming themselves from heterocentric institutions to inclusive environments that affirm and recognize the uniqueness of GLBTQ adolescents, agencies like Green Chimneys have to confront both heterocentrism and strict requirements of gender conformity in their conceptions of GLBTQ youth. Such a transformation entails a process of discernment in scrutinizing their own organizational functions, examining their boards and policymaking bodies, reviewing the openness of their staff members to issues of gender and sexual orientation, and evaluating their relationship to the GLBTQ communities.

Creating an Affirming Culture

Efforts to increase sensitivity to transgender youth cannot be sustained in an environment that does not explicitly encourage such undertakings. As agencies struggle to demonstrate their commitment to diversity, they must also be willing to include sexual orientation in the diversity continuum. In doing so, they begin the work necessary to create a safe and welcoming environment for all clients, not just for transgender youth. Once this orientation is established and the organization's culture shifts to clearly include transgender concerns, it becomes possible for youth workers to learn about, advocate for, and provide affirming services to transgender youth (see Gonsiorek, 1982).

Although some agency administrators and board members might object to specific transgender sensitivity awareness or programs specifically geared to this population, few are likely to take exception to overall approaches designed to increase worker competence in working with clients who are underserved. Inherent in all efforts to change are the realities of the political consequences of those efforts (Frost & Egri, 1991). Such changes can also be viewed as new opportunities for the organization (Dutton, 1992). In the long run, organizational paradigm shifts, such as those suggested here, can offer more effective services for children, youth, and families in need (Sawyer & Woodlock, 1995).

Transforming the Organization's Culture

Transformation is a powerful word, but nothing less is needed to create programs that respond to the needs of transgender youth. An appreciation of diversity and knowledge of the organization's idiosyncratic culture (de Vries & Miller, 1984) are key elements in this process. The examination of an organization's commitment to diversity is a common theme for all youth-serving agency administrators. Approaches to diversity in organizations have used various components to increase worker competence in meeting the needs of a varied client population. These approaches include in-service training, nondiscrimination policies, participation in culture-specific celebrations, advocacy, client/staff groups that explore diversity, and efforts that encourage a climate that welcomes all people. A transgender approach could be integrated into any of these areas. A community-based youth center that commemorates Latino History Month with a potluck dinner of dishes from various Latino countries could similarly celebrate Pride month by inviting a speaker to discuss the events that led to the civil rights struggle for transgender persons.

Youth-oriented agencies must also be committed to creating a safe environment for all youth. The enactment of a zero tolerance policy for violence,

weapons, emotional maltreatment, slurs of all types, and direct or indirect mistreatment conveys to all clients that their safety is a priority. A hearty stance against violence of all types, including verbal harassment, sends an important message to all youth. It says, "We will try to protect you, and you will not be blamed for being yourself. Those who offend are the ones who will be dealt with, because their behavior is inappropriate."

Third, all youth benefit from youth workers who are open, honest, and genuine. Everyone benefits from philosophies that indicate an agency's willingness to directly address difficult issues. Giving clients and staff permission to raise controversial topics signals that all people associated with the agency will be treated with respect and dignity.

Only through intentional and deliberate organizational cultural shifts—true transformation—can a climate supportive of transgender youth can be developed (Schorr, 1988). Several agencies across the United States and in Canada have successfully created organizations in which transgender youth are welcomed, feel safe, and have their needs met. Such organizational transformation does not take huge amounts of money, tremendous time commitments on the part of staff, or other expensive overtures. Transformation does, however, take commitment from board members, administrators, and other key organizational players, including the youth and their families.

Although mainstream youth-serving agencies can be transformed into transgender-affirming agencies, in many cases, GLBTQ persons have, of necessity, designed agencies to meet the needs of their own communities. An organizational case example of one such agency in Los Angeles follows.

Case 2

Although Governor Jerry Brown had signed an executive order in 1979 preventing social services agencies from denying services to GLBTQ youth, for the next five years, agencies serving youth in California still searched for any way to effectively handle these youth. An answer appeared when Teresa DeCrescenzo founded the GLASS program in 1984. Her career as a social worker and probation officer gave her firsthand experience of the poor fit endured by most GLBTQ young people in mainstream and publicly funded child welfare agencies. In 1985, shortly after West Hollywood incorporated as a city, the city council voted to grant $55,000 in start-up funding for GLASS to set up a licensed group home with six beds. Financing was difficult. Some in the community responded negatively during election time; politicians who originally supported the effort came under fire, but the newly created agency survived.

By 1987, with the demand for child welfare placements increasing, the Los Angeles County Department of Probation gave the organization a grant of $45,000 to open a second facility. By then, GLASS had developed a solid reputation in the community, and the agency responded simultaneously to the call to provide effective residential programming for HIV-infected youth. At the time this group was added to the organization's mission statement, HIV was seen as a disease of gays only. The majority of HIV-positive youth now in GLASS programs are heterosexual (Greeley, 1994, pp. 114–116).

In 1989, the agency expanded its mission to include foster care. It initiated a program that recruited, screened, trained, certified, and supervised foster parents. Although this agency's specific mission is to provide care for gay and lesbian adolescents in five group homes and in foster homes, they do not discriminate against heterosexually oriented young people who live in the Los Angeles area. The agency employs GLBTQ and heterosexually oriented staff with special skills (usually people with a gay or lesbian sibling or family member). The board of directors also represents the client base.

In many respects, GLASS is just like other child welfare agencies. The key differentiating aspect in agencies that affirm gays and lesbians is the way they were conceived and designed, with gay and lesbian child welfare professionals making key decisions. In organizing the GLASS program, a central theme was that the agency is first and foremost a child welfare organization run by and for GLBTQ people. As an organization, its central mission is to work with GLBTQ adolescents and their families within the context of a child welfare environment.

During the nearly two decades GLASS has existed, the number and kinds of services offered have grown to meet the needs of the population. As a result, GLASS has a dozen locations, including job-training skills centers; work sites, including a thrift shop and a European coffee bar, which employ GLBTQ youth and adults and which serve as on-the-job training; group homes and transitional living apartments; a day program; and a wide variety of other services, all aimed at serving GLBTQ children, youth, and their families.

As noted in the discussion of Green Chimneys and its transformation, change in an organization's culture requires a buy-in from the board, the administration, and the staff. Somewhat atypically, the board of directors of GLASS is primarily a policy board rather than a fundraising board. The policies thus reflect the scope of their remarkable experiences. For example, one board member is nationally known for writing about the civil rights of the homeless. Another is the executive director of a national agency whose mis-

sion is to end hunger. Still another is a prominent physician specializing in HIV treatment. One board member is transgender as well. Their understanding of the issues faced by this agency makes establishing policy mandates clear and gives their policy positions credibility with staff at all levels.

The following section outlines concrete strategies for creating transgender-affirming environments in other agencies that serve youth and may or may not be focused specifically on child welfare.

Concrete Strategies

Hiring Supportive Employees

An organization that is responsive to the needs of transgender youth must be staffed and administered by people who demonstrate a commitment to providing services that foster self-esteem and acceptance for these youth. To achieve this, the organization must hire open-minded, supportive employees, including openly GLBT professionals. Organizations must communicate antidiscrimination policies in hiring and must be sincere about recruiting and maintaining GLBT employees. Hiring openly GLBT employees sends a clear message demonstrating the agency's commitment to transgender youth. Although hiring GLBT staff is critical, it should not be assumed that every GLBT person is knowledgeable about or appropriate for working with transgender youth. All staff, regardless of sexual orientation or gender identification, should be assessed for their appropriateness in working with youth. They should then be educated about transgender youth, the problems transgender youth experience in society, and ways to intervene effectively. Hiring non-GLBT staff who are comfortable with transgender clients and open to education about working with this population is an essential part of this process.

With generally increased openness about sexual and gender orientation, clients often ask employees about their sexual and gender orientation. Both GLASS and Green Chimneys encourage staff to be open about their orientation, whatever it is. Ambiguity about staff members' orientation may lead to mistrust in the youth. Once staff are clear, residents stop playing guessing games and start to do the work that they came to the agency to do in the first place.

As reported by several agencies, one of the most positive outcomes of recruiting openly GLBT staff was that the rate of staff turnover reached an all-time low. Employment in an accepting atmosphere is an important employee benefit for transgender persons.

In-Service Training

In-service training—integrated into the overall training efforts of the organization, and not one-shot training sessions—is critical in providing quality services to transgender youth and families. As with all issues of diversity, integrating real-life case examples into the training sessions can make the educational process come alive for workers. Good starting places are helping staff to identify appropriate language, counteracting the common myths and stereotypes that most people have about transgender people, replacing the myths with accurate information about the population, and helping staff create environments that suggest safety. Training efforts should, however, be tailored to meet the individual needs of staff members from various disciplines.

Other key factors in the training process are helping staff identify resources in the community and assess their own personal heterocentrism. "Values clarification exercises" are helpful in this process. Videos and guest speakers, especially transgender youth or their parents, can be particularly effective ways to communicate the message. Representatives of PFLAG are usually available and well trained in providing in-service training programs. PFLAG also has a wide array of printed materials suitable for handouts.

Transferring abstract information learned in training sessions into actual intervention techniques takes practice. Participation in a variety of experiential exercises assists staff members in developing a set of appropriate and unconstrained responses. In the training sessions, staff members should be intentionally exposed to situations that lead to self-reflection. For example, at the start of a training session focusing on maladaptive coping responses associated with hiding one's sexual or gender orientation, participants were asked to write their most personal secret on a slip of paper, fold it, and place it under the chair on which they were sitting. Without ever being asked to share what they wrote, participants learned the powerful lesson that keeping a secret can be stressful and difficult. In ensuing discussion, attitude change and understanding of the consequences of secrecy often began to evolve.

Providing staff at the training sessions with written information, resources, and other materials ensures that the educational process continues after the training session. The most constructive training includes ongoing sessions and follow-up, not one-shot classes.

Welcoming Strategies

The creation of a physical environment that welcomes transgender youth, families, and prospective employees is as significant as staff training. These efforts do not need to cost a great deal of money, but evidence of an affirming environment signals acceptance and safety.

The organization's waiting room is probably the most important place to start this process. Reading materials, symbols, and signs that specifically spell out the organization's attitude about respect for all people will be noticed and will help clients, their families, and applicants for employment feel welcome.

In their waiting rooms, many agencies display posters that signal acceptance. Green Chimneys has specifically developed nine colorful, gender-neutral posters that announce a gay, lesbian, or transgender-affirming environment. The messages these posters send are intentionally subtle. As part of a task force to end homophobia in foster care, GLASS has developed a "Hate-Free Zone" poster that hangs on the doors of GLASS staff offices and in every one of their group homes and most foster homes. It also appears in every facility supervised by the Department of Children and Family Services. National transgender organizations can also provide pamphlets and other materials to youth-serving agencies. Others can be downloaded from the Internet. GLASS also developed a pamphlet, *Trying to Be Real*, a reference to efforts made by MTF transgenders to appear as traditionally womanly as possible. The publication is distributed through the MoHOP Stop, (mobile health outreach project) the agency's mobile medical unit that provides primary health care to large numbers of homeless transgender youth.

The presence or absence of books on transgender issues also conveys important messages. Hundreds of transgender-related books can be purchased either at local bookstores or online at many mainstream websites.

Integrated Policies and Public Information Materials

Obviously, an organization's commitment to transgender youth involves more than posters and books. It is critical to recognize that the internal structure of the organization, in terms of its policies and public information materials, may also need to be evaluated (Frost & Egri, 1991). Training and educational efforts may assist staff in developing competence to work with a specific service population, but policies and community awareness about the organization may also need to be altered to effect real change (Bolman & Deal, 1991; Brager & Holloway, 1978; Moss-Kanter, 1988).

Although transgender persons have experienced greater acceptance and understanding in the past few years, many organizations still actively discriminate against transgender youth. In other cases, an organization's inattentiveness to the needs of transgender youth sends a clear signal that these youth are not welcome. A review of organizational policies and public materials can assist the organization in providing consistent, sensitive services to all youth.

Advocacy Efforts

Recognizing that the environment outside the organization is often actively hostile to transgender youth, agencies must also be committed to external change and advocacy efforts. This commitment means participation in an advocacy campaign to end discriminatory language in contracts and in conferences on human services. Affirming organizations must also be prepared to advocate for transgender youth in community schools, in local adolescent treatment settings, and in families. Furthermore, organization leaders must be prepared to work to educate local and state politicians and funders about the needs of transgender youth.

Conclusion

At the dawn of this new century, youth workers continue to play a critical role in helping young people to develop. Youth work has historically had a cyclical interest in certain subjects, such as youth suicide, violence, substance abuse, and homelessness. All are worthwhile issues that require our best efforts, but the needs of transgender youth should not be viewed as the "issue du jour" of youth work. Sexual and gender orientation issues are too vital to allow them to continue to be overlooked. A particular transgender client might trigger a flurry of attention initially, only to fade from view when the next pressing issue presents itself. Dealing with transgender youth issues in an intermittent manner is a mistake. Organizations must continue to develop diligence in training, assess their own ability to respond to the needs of transgender youth, and address new approaches to best practice with these youth and their families. To be consistently sensitive to the needs of its clients, an organization must make efforts to create affirming environments and to transform existing ones. If organizations are guided by the same principles by which they embrace diversity and can translate these into concrete action, transgender youth will be better served. By publishing this document, CWLA reaffirms its commitment to GLBTQ youth.

References

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: Author.

Bolman, L., & Deal, T. E. (1991). *Reframing organizations*. San Francisco: Jossey-Bass.

Bornstein, K. (1994). *Gender outlaws: On men, women, and the rest of us.* New York: Routledge.

Brager, G., & Holloway, S. (1978). *Changing human service organizations: Politics and practice.* New York: Free Press.

Brown, M. L., & Rounsley, C. A. (1996). *True selves: Understanding transsexualism.* San Francisco: Jossey-Bass.

Carranante, T. (1999). *Glossary of gender/transgender terms.* Unpublished manuscript.

Cohen, Y. (1991). Gender identity conflicts in adolescents as motivation for suicide. *Adolescence, 26*(101), 19–29.

Denny, D. (1995). *Transgendered youth at risk for exploitation, HIV, hate crimes.* Unpublished manuscript. American Educational Gender Information Services, Inc.

de Vries, M. F. R., & Miller, D. (1984). *The neurotic organization*. New York: Harper Business.

Dutton, J. E. (1992). The making of organizational opportunities: An interpretive pathway to organizational change. *Research in Organizational Behavior, 15,* 195–226.

Feinberg, L. (1993). *Stone butch blues.* Ithaca, NY: Firebrand Books.

Feinberg, L. (1996). *Transgendered warriors: Making history from Joan of Arc to Dennis Rodman.* Boston: Beacon Press.

Frost, P. J., & Egri, C. P. (1991). The political process of innovation. *Research in Organizational Behavior, 13,* 229–295.

Germain, C. B. (1991). *Human behavior and the social environment*. New York: Columbia University Press.

Germain, C. B., & Gitterman, A. (1980). *The life model of social work practice.* New York: Columbia University Press.

Germain, C. B., & Gitterman, A. (1996). *The life model of social work practice* (2nd ed.). New York: Columbia University Press.

Gonsiorek, J. C. (1982). Organizational and staff problems in gay/lesbian mental health agencies. *Homosexuality and Psychotherapy, 7*, 193–208.

Greeley, G. (1994). Service organizations for gay and lesbian youth. In T. DeCrescenzo (Ed.), *Helping gay and lesbian youth: New policies, new programs, new practices* (pp. 111–130). New York: Haworth.

Israel, G. E., Tarver, D. E., & Schaffer, D. (1997). *Transgender care*. Philadelphia: Temple University Press.

Kahn, T. J. (1990). The adolescent transsexual in a juvenile corrections institution: A case study. *Child and Youth Care Quarterly, 19*(1), 21–29.

Lawson, D. M., & Prevatt, F. (1998). *Casebook in family therapy*. New York: Wadsworth.

Levine, C. O. (1978). Social work with transsexuals. *Social Casework, 59*, 167–174.

Lothstein, L. M. (1983). *Female-to-male transsexualism*. Boston: Routledge & Kegan Paul.

Mallon, G. P. (1998). *We don't exactly get the welcome wagon: The experiences of gay and lesbian adolescents in child welfare agencies*. New York: Columbia University Press.

Mallon, G. P. (Ed.). (1999). *Social services with transgendered youth*. New York: Haworth Press.

Mallon, G. P. (2001). *Lesbian and gay youth issues: A practical guide for youth workers*. Washington, DC: CWLA Press.

Meyer, C. (1993). *Assessment in social work practice*. New York: Columbia University Press.

Moss-Kanter, R. (1988). When a thousand flowers bloom: Structural, collective, and social conditions for innovation in organization. *Research in Organizational Behavior, 10*, 169–211.

Osborne, D. (1997, October 28). An attack on our most vulnerable: The use and abuse of gender identity disorder. *Lesbian and Gay New York*.

Riseley, D. (1986). Gender identity disorder of childhood: Diagnostic and treatment issues. In W. A. W. Walters, & M. W. Ross (Eds.), *Transsexualism and sex reassignment* (pp. 26–43). New York: Oxford University Press.

Rodgers, L. L. (1997). *Transgendered youth fact sheet. Transgendered protocol: Treatment services guidelines for substance abuse treatment providers* (2nd ed.). Unpublished report. Transgendered Protocol Team of the San Francisco Lesbian, Gay, Bisexual, Transgendered Substance Abuse Advisory Committee.

Ryan, C., & Futterman, D. (1998). *Lesbian and gay youth: Care and counseling*. New York: Columbia University Press.

Sawyer, D. A., & Woodlock, D. J. (1995). An organizational culture paradigm for effective residential treatment. *Administration and Policy in Mental Health, 22*, 437–446.

Scholinski, D. (1997). *The last time I wore a dress*. New York: Putnam.

Schorr, L. B., with D. Schorr. (1988). *Within our reach: Breaking the cycle of disadvantage*. New York: Doubleday.

Schriver, J. M. (1995). *Human behavior in the social environment: Shifting paradigms in essential knowledge for social work practice*. Boston: Allyn and Bacon.

Steiner, B. W. (Ed.). (1985). *Gender dysphoria: Development, research, management*. New York: Plenum.

Wicks, L. K. (1977). Transsexualism: A social work approach. *Health and Social Work, 2*(1), 180-193.

Wilchins, R. A. (1997). *Read my lips: Sexual subversion and the end of gender.* Ithaca, NY: Firebrand Books.

Wilson, K. (1997). *Do cross-gender expression and identity constitute mental illness?* Available from http://www.transgendered.org/tg/gic/awptext.html#intro.

Zastrow, C., & Kirst-Ashman, K. K. (1995). *Understanding human behavior and the social environment* (3rd ed.). Chicago: Nelson-Hall.

Zucker, K. J. (1985). Cross-gender identified children. In B. W. Steiner (Ed.), *Gender dysphoria: Development, research and management.* New York: Plenum.

Appendix A

Colloquium Participants

Theresa DeCrescenzo, Gay and Lesbian Adolescent Social Services (GLASS), Co-chair

Gary Mallon, Green Chimneys, Cochair

Mark Abelson

Masen Davis, T.G.I.F.

Wendell Glenn, GLASS

Cheryl Gully, Child Welfare League of America (CWLA)

Linda Irrizarry, Youth

Kevin Jackson, Our Town

Emilia Lombardi, GLASS

Daviko Marcel, Massachusetts Department of Public Health

Connor McCann, Youth

Shannon Minter, NCLR

Robin Nixon, CWLA

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John Volpe, Green Chimneys

Appendix B

Glossary

This glossary is intended to orient the reader to the commonly used vocabulary in transgender literature and speech. Language is often a source of confusion and misinformation; therefore, it is important that service providers have accurate definitions. Heterosexually oriented care providers are often unfamiliar and uncomfortable with the vernacular of the transgender culture. As with any subculture—particularly oppressed groups and youth—the argot is constantly changing. Usage also may vary with generation, geographic region, socioeconomic status, or cultural background.

Cross-dressing: When a person dresses in the clothing of the opposite gender (e.g., males who wear traditionally female clothing, hairstyles, makeup, etc.). Cross-dressing is sometimes referred to as nonconforming gender behavior.

Drag kings/queens: These people are usually performers. Some gay men or lesbians cross-dress in public. This is referred to as "being in drag." Men who dress as women for performance (or women who dress as men for performance) are often referred to as "drag queens or kings." For instance, RuPaul is a drag queen—a gay man who dresses as a woman for entertainment purposes.

Gender identity: Refers to a person's innate sense of maleness or femaleness. Transgendered individuals report having experienced conflict over such gender assignment throughout childhood and adolescence.

Gender pronouns: He or she? How does one refer to this person? This is typically one of the first questions nontransgendered professionals and other people ask. The answer is: Ask the person which pronoun is preferred.

Gender role: The characteristics of an individual that are culturally defined as masculine or feminine.

Intersexed or hermaphrodite individuals: These individuals have medically established physical or hormonal attributes of both male and female gender. When these conditions are detectable at birth, the individuals are almost always assigned a gender solely on the basis of physical gender.

MTF and FTM: These acronyms refer, respectively, to "male to female" and "female to male" transitions. These designations reflect the direction of the transition the person has taken.

People on the transgender spectrum: Individuals who identify with any of the gender identities defined here (transsexuals, drag kings/queens, transvestites, or cross-dressers).

Real-life test: An assessment term used to describe the period from the time a transsexual individual begins living in role to the time when she or he has been doing so long enough to be considered an appropriate candidate for genital reassignment surgery.

Realness: A term that many youth use to remark on how authentic one appears to be.

Sex: The biological status as a female or male.

Sexual identity: An individual's sense of self as male or female from the social and psychological perspective. Identity is the culturally informed process of expressing desires in a social role and with socially shared cultural practices within a social context.

Sexual orientation: The commonly accepted scientific term for the direction of sexual attraction, emotional and/or physical attraction, and its expression. Examples of sexual orientation are heterosexuality, homosexuality, and bisexuality.

Spooked: A slang term for the moment when someone finds out that an individual is not biologically the gender that they appear to be.

Transgender: Transgender is an umbrella term encompassing diverse gender expression, including drag queens and kings, bigenders, cross-dressers, transgenderists, and transsexuals. These individuals, many of whom cluster together to form their own communities, are people who find their gender identity in conflict with their anatomical gender.

Some transsexuals may live part-time in their self-defined gender. Others desire to live fully in their self-identified gender.

Most of Western society continues to view the transgender experience as abnormal. For many transgendered people, this view results in secrecy, shame, depression, and fear. Such feelings can lead to increased isolation and the adoption of maladaptive coping mechanisms to deal with the stress of living in an environment that expects not only compulsory heterosexuality but conformity to mandatory gender roles as interpreted by Western society.

In recent years, some social work professionals have recognized that the needs of the transgendered community are similar to, yet different from, the needs of gay and lesbian people with whom they are frequently united under the banner of sexual minority people. To create greater acceptance and adapt to their inner feelings, transgendered people have begun to create their own community support networks and organizations.

Transsexuals: Individuals who feel an overwhelming desire to live as permanent members of the opposite gender. Transsexuals experience the most acute effects of gender dysphoria. Many, but not all, opt for hormone therapy and genital reassignment surgery. From a sexual orientation perspective, these individuals may identify as heterosexual, gay or lesbian, or bisexual.

Transvestite: Men or women who wear clothing usually worn by persons of the opposite gender. Most transvestites are heterosexual. They are usually married men who cross-dress in the privacy of their own homes for sexual or psychological gratification. Transvestites are not to be confused with female impersonators. Female impersonators are men who earn a living by cross-dressing and performing in nightclubs.

Resources for Transgendered Youth and Their Families

Printed Resources

Listed here are resources that may be of interest to youth workers. Many fine journal articles, newspaper articles, and magazine articles can also be found, but they are not listed here due to space limitations. Additional books can be found by searching the Web.

General Interest Books on Transgender Topics

Bornstein, K. (1994). *Gender outlaws: On men, women, and the rest of us.* New York: Routledge.

Feinberg, L. (1996). *Transgendered warriors: Making history from Joan of Arc to Dennis Rodman.* Boston: Beacon Press.

Israel, G. E., Tarver, D. E., & Schaffer, D. (1997). *Transgender care.* Philadelphia: Temple University Press.

Mallon, G. P. (Ed.). (1999). *Social services for transgendered youth.* New York: Haworth Press.

Wilchins, R. A. (1997). *Read my lips: Sexual subversion and the end of gender.* Ithaca, NY: Firebrand Books.

Books for and About Transgendered Youth

Feinberg, L. (1993). *Stone butch blues.* Ithaca, NY: Firebrand Books.

Scholinski, D. (1997). *The last time I wore a dress.* New York: Putnam.

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Recommended Videos

- *Boys don't cry.* (2000). A graphic portrayal of what happens when Brandon Teena, a Nebraska transgendered young person, gets "found out" by a group of new "friends." This film is available at local video stores.
- *The Brandon Teena story.* (1999). The real-life version of *Boys Don't Cry*. A documentary about the life and death of Brandon Teena.
- *Ma vie en rose* (*My life in pink*). (1997). A brilliant film from Belgium about an eight-year-old transgender (male-to-female) child who insists on living life as a girl. Her family, who at first appears to be accepting, alters their previously accepting response when external pressures are put on them. This film is available at local video stores.

Internet Resources

General Information

- Lambda Legal Defense and Education Fund
  http://www.lambdalegal.org
  A national organization committed to achieving full recognition of the civil rights of lesbians, gay men, and people with HIV/AIDS through litigation, education, and public policy work. The website provides information on Lambda's AIDS projects and other issues dealing with employment discrimination, same-sex marriage, the military ban, antigay initiatives, and foster care projects.
- Parents, Families, and Friends of Lesbians and Gays (PFLAG)
  http://www.pflag.org
  PFLAG is a national organization dedicated to providing information, education, and support for the parents, families, and friends of lesbians and gays. The PFLAG website includes a list of local chapters, their mission statement, and general information about sexual orientation.

GLBT Youth and Youth Concerns

- OutProud! The National Coalition for Gay, Lesbian, and Bisexual and Transgendered Youth
  http://www.outproud.org
  OutProud deals with lesbian and gay issues as they pertain to young people. The website offers a wide range of resources for youth and educators.

- P.E.R.S.O.N. Project (Public Education Regarding Sexual Orientation Nationally)
  http://www.youth.org/loco/PERSONProject/
  This national and local activist network advocates for inclusive curricula in public schools. The website has excellent current information listings.

- Resources for Parents of Gay, Lesbian, Bisexual, and Transgendered Youth
  http://www.pe.net/~bidstrup/parents.htm
  The website has excellent information for parents of GLBTQ youth. Links are provided to Web pages of GLBTQ youth, advice, questions and answers, and resource identification.

- Youth Assistance Organization (YAO)
  http://www.youth.org
  YAO provides information for gay, lesbian, bisexual and transgender youth.

GLBTQ Organizations

Listed below are key GLBTQ or GLBTQ-affirming youth organizations in locations throughout the United States and Canada. For a more extensive list of GLBTQ youth organizations in your local community, contact: http://angelfire.com or use keywords *gay and lesbian youth organizations* on any Internet search engine.

- Boston Alliance of Gay and Lesbian Youth (BAGLY)
  P.O. Box 814
  Boston, MA 02103
  Office: 617/227-4313
  Toll-free automated information line: 800/42-BAGLY
  http://www.bagly.org

  BAGLY is a youth-led, adult-supported, social support organization for GLBTQ youth ages 22 and younger, and their straight allies. The group is committed to providing a safe, healthy, nonexploitive, and supportive atmosphere in all meetings, activities, special events, and programs. BAGLY is pressure free, violence free, weapons free, alcohol free, drug free, and sex free.

- Central Toronto Youth Services (CTYS)
  Lesbian, Gay, and Bisexual Youth Program
  65 Wellesley Street East, 3rd Floor
  Toronto, ON M4Y 1G7, Canada
  Phone: 416/924-2100
  http://www.interlog.com~lgbyctys/
  E-mail: lgbyctys@interlog.com

  CTYS is a community-based children's mental health center committed to identifying and meeting the needs of high-risk and hard-to-serve youth and their families, and the youth-serving community. In keeping with its mandate of providing direct-service programming, education, and research, CTYS moved to bridge an important gap in social services for gay, lesbian, and bisexual youth by establishing the Sexual Orientation and Youth Program in 1983. Initially providing training and resources for social service providers working with lesbian, gay, and bisexual youth, the program has evolved over the past decade. Since 1986, the program has published innovative research on issues relevant to lesbian, gay, and bisexual youth; it also provides training and consultation to health and social service workers and educators. CTYS has an extensive array of publications and offers direct care counseling, support, and group services for GLBTQ youth.

- Gay and Lesbian Adolescent Social Services (GLASS)
  650 Robertson Boulevard
  West Hollywood, CA 90069
  Phone: 310/358-8727
  Fax: 310/358-8721
  http://www.home.glassLA.org/glass
  E-mail: glass@labridge.com

  GLASS services target youth who are self-identified as gay, lesbian, or bisexual; confused about their psychosexual identities; at risk of engaging in high-risk behaviors (such as prostitution, substance abuse, drug-dealing); at risk for abuse and exploitation (being sexually abused, pimped, turned out); and at risk for HIV infection. High-risk children and youth served by the agency represent diverse ethnic backgrounds. Although the agency's programs are uniquely designed for gay and lesbian as well as HIV-affected children, as the agency has grown it has served (and continues to serve) all youngsters in need, regardless of sexual orientation.

GLASS programs include:

- Three foster family agencies,
- Five residential group homes (with a total of 36 residents), and
- A mobile health outreach project for street youth.

- Gay, Lesbian, Straight Education Network (GLSEN)
  121 West 27th Street
  New York, NY 10001
  Phone: 212/727-0135
  Fax: 212/727-0254
  http://www.glsen.org

  Founded as a small volunteer group in Boston in 1990, GLSEN led the fight that made Massachusetts the first state to ban antigay discrimination in its public schools in 1993. In 1994, GLSEN became a national organization. It has since built a network of 85 local chapters. A national office in New York and a field office in San Francisco support these chapters. GLSEN is dedicated to ending the cycle of bigotry in educational systems by teaching the respect for all in public, private, and parochial schools from kindergarten through Grade 12. GLSEN strives to ensure that each member of every school community is valued and respected, regardless of sexual orientation.

- Green Chimneys Children's Services
  456 145th Street, Suite 1
  New York, NY 10031
  Phone: 212/491-5911
  Fax: 212/368-8975
  http://www.greenchimneys.org

  Green Chimneys operates residential, social service, and educational programs that focus on the unique needs of GLBTQ youth and their families. Green Chimneys was the first mainstream child welfare agency in the country to develop and operate such programs, which presently include the following:

  - The Gramercy Residence is home for 25 GBLTQ youth ages 16 to 21 in foster care. They receive educational and vocational assessment, counseling and job placement, social services for independent living, psychiatric and medical services, milieu living and recreation, life skills curriculum, and seminars.

- The Supervised Independent Living Program is a learning laboratory for 20 GLBTQ youth ages 17 to 21, who live in nine apartments while making the transition from foster care to independent living using Green Chimneys' curriculum, Life Skills for Living in the Real World.
- Triangle Tribe Apartment Program, a federally funded residential program, helps 10 gay and lesbian runaway and homeless youth, ages 17 to 21, graduate from high school, obtain employment, and live self-sufficiently.
- Triangle Tribe Homes provide a nurturing, homelike environment for gay and lesbian youth ages 12 to 17 who have experienced multiple placements and require a higher level of care.
- Audre Lorde High School serves youth who had difficulty in other high school settings. The New York City Board of Education provides books, supplies, and two licensed teachers.
- Triangle Tribe Training Services, a training, technical assistance, and resource center, passes along Green Chimneys' success in model residential programs to those working with GLBTQ youth and their families in other agencies.
- Triangle Tribe Family Services provides a range of services to keep gay and lesbian teens connected with their families through individual and family therapy, crisis intervention services, and general counseling.
- Triangle Tribe Mentoring Program pairs positive adult role models, who are screened and recruited by Mentors USA, with youth interested in forging such relationships.

- National Network for Youth
  1319 F Street NW, Suite 401
  Washington, DC 20004
  Phone: 202/783-7949
  http://www.nn4youth.org

  The National Network for Youth is a 22-year-old membership organization with more than 400 direct members. With regional and state network affiliates, the National Network for Youth represents more than 1,200 constituents, primarily community-based agencies that serve youth. Its mission is to ensure that young people can be safe and grow up to lead healthy and productive lives. A driving force for achieving its mission is community youth development. The National Network for Youth actively

engages in public education efforts, promotes youth/adult partnerships, and strives to strengthen staff and the capacity of community-based organizations to provide effective programs and services to youth in high-risk situations. Training and technical assistance is provided in a variety of areas including professional development of youth workers, youth leadership, GLBTQ youth services, peer education, HIV/AIDS and substance abuse prevention, grant writing, and community and youth development.

- Parents and Friends of Gays and Lesbians (PFLAG)
  1101 14th Street NW, Suite 1030
  Washington, DC 20005
  Phone: 202/638-4200
  Fax: 202/638-0243
  http://www.pflag.org

  PFLAG, a national nonprofit organization, has a membership of more than 70,000 households and more than 400 affiliates worldwide. This grassroots network has a national office located in Washington, D.C. PFLAG promotes the health and well-being of GLBT people, as well as their families and friends, through support, to cope with an adverse society; education, to enlighten an ill-informed public; and advocacy, to end discrimination and secure equal rights. In addition to providing opportunities for dialogue about sexual orientation and gender identity, PFLAG acts to create a society that is healthy and respectful of human diversity.

- Sexual Minority Youth Assistance League (SMYAL)
  410 7th Street SE
  Washington, DC 20003–2707
  http://www.smyal.org
  Phone: 202/546-5940
  Fax: 202/544-1306
  TTY: 202/546-7796

  SMYAL is a youth service agency serving the Washington, D.C., metropolitan area, including Maryland and northern Virginia. Its mission is to support and enhance the self-esteem of sexual minority youth (ages 13–21) who are GLBTQ, as well as to increase public awareness and understanding of related issues. SMYAL works to increase the scope and quality of its services and to provide a safer future for youth who self-identify as gay, for youth questioning their sexual orientation, and for their friends and families.

- Youth and AIDS Project (YAP)
  428 Oak Grove Street
  Minneapolis, MN 55403
  Phone: 612/627-6820
  Fax: 612/627-6819
  http://www.peds.umn.edu/Centers/YAP

  The mission of the University of Minnesota YAP, founded in 1989, is to prevent transmission of HIV to and from high-risk youth and to provide care to youth and families living with HIV infection. The governing philosophy is that adolescents can and do make responsible health-related decisions if they are given appropriate resources and support. YAP programs are grounded in the belief that effective HIV-related services for youth must be developmentally appropriate, culturally competent, coordinated, and family-centered. YAP adheres to a "one-stop shopping" model of care that offers the most commonly needed services at a single agency, with convenient appointments and minimal waiting times. All grant-supported services are free to clients. Through the program, clients can easily meet various needs or make transitions between the different levels of care in a familiar environment and with a continuity of caregivers. Centralization of services also enables scheduling of appointments at families' convenience and reduces logistical and administrative barriers to care.

About the Authors

Teresa DeCrescenzo, MSW, is the Founding Executive Director of Gay and Lesbian Adolescent Social Services (GLASS) in California. Among the services provided by GLASS are group homes for LGBTQ youth and HIV-infected teens, clinical and educational community-based services, and a foster family agency that places children of all ages in loving homes. Ms. DeCrescenzo has been a practitioner and advocate for LGBTQ children, youth, and families for more than 30 years.

Gerald P. Mallon, DSW, is Associate Professor at the Hunter College School of Social Work in New York City. He is also the former Founding Director of GLBTQ Programs at Green Chimneys Children's Services in New York City. For more than 28 years, Dr. Mallon has been a child welfare practitioner, advocate, and researcher. He is the author or editor of nine books. His most recent publication is the edited book *Contemporary Issues in Permanency Planning*, published by the Child Welfare League of America.

The need to respond to the concerns of transgender youth in care is compelling. Transgender youth, particularly those involved with the child welfare system, are often severely stereotyped and subject to abuse, homelessness, depression, and fear. CWLA convened a roundtable of professionals and transgender youth to explore their experiences and document their recommendations. This monograph not only captures those proceedings, but also reflects multiple discussions at professional conferences, years of experience in practice, a review of the relevant professional literature, and dialogues with colleagues and students in academic settings. Child welfare organizations that understand and address the needs of these youth will create safer, more open agencies and improve the quality of services they provide to all the children and youth in their care.

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